

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Theodore A. Chapman; Richard E. Schumaker; Andrew W. Edwards;  
 Stephen S. Morris; James P. Harkins; Bradley S. Jarvis  
 Assignee: Printronix, Inc.  
 Title: RFID Tag and Printer System  
 Serial No.: 10/660,856 Filing Date: September 12, 2003  
 Examiner: M. Chau Group Art Unit: 2854  
 Docket No.: M-15268 US Confirmation No. 8641

Irvine, California  
 January 28, 2005

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

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RESPONSE TO OFFICE ACTION

JAN 28 2005

Dear Sir:

In response to the Office Action dated November 16, 2004, Applicant respectfully  
 requests entry and consideration of the following amendments and remarks.

Fee  
 Only

MACPHERSON KIVOK CHEN  
 & ASSOC LLP

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 SAN JOSE, CA 95119  
 (408) 253-8940  
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**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective January 1, 2003

Application or Docket Number

*M-15268 US*

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS	<i>34</i>	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<i>34</i> minus 20 = *	<i>14</i>
INDEPENDENT CLAIMS	<i>4</i> minus 3 = *	<i>1</i>
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

*1/28/05*

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* <i>34</i>	Minus ** <i>34</i>	=
Independent	* <i>5</i>	Minus *** <i>4</i>	= <i>1</i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X\$ 9=		OR	X\$18=	<i>252</i>
X42=		OR	X84=	<i>84</i>
+140=		OR	+280=	
TOTAL		OR	TOTAL	<i>1086</i>

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	<i>200</i>
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	<i>200</i>

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

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